

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No.

88

Registered No.

168

### 1. PLACE OF BIRTH

County

Gila

State

Arizona

Township

Miami

or Village

City

Miami

No. of birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

### 2. Full name of child

Luis Jesus Salas

3. Sex

Male

If plural births

4. Twin, triple, or other

6. Premature

7. Legitimate

8. Date of birth

July 10, 1932

5. Number, in order of birth

Full term

mate?

(Month, day, year)

9. Full name

Guadalupe Salas

FATHER

18. Full maiden name

Elena Macias

MOTHER

10. Residence (usual place of abode)

Miami

(If nonresident, give place and State)

19. Residence (usual place of abode)

Miami

(If nonresident, give place and State)

11. Color or race

Shuf

12. Age at last birthday

29

(Years)

20. Color or race

Shuf

21. Age at last birthday

27

(Years)

13. Birthplace (city or place)

Agua Caliente

(State or country)

Mexico

22. Birthplace (city or place)

Agua Caliente

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Copper

16. Date (month and year) last engaged in this work

19

17. Total time (years) spent in this work

3

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

H. W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

19

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:11 P.M. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Guadalupe Salas

or

Father of child

Midwife

Given name added from a supplemental report

(Date of)

Address

Miami

Filed

July 21, 1933

C. E. Johnson

Registrar

322-0110-542

Registrar

No physician or midwife in attendance.